

N CNYRbFmJN/580499 P. Paid 4 of 20 12/28/2011 N

OFFICIAL NEW YORK STATE PRESCRIPTION

NORTH COUNTRY FAMILY HEALTH & MEDICINE

ERIKA M. JURASITS, DO
LIC: 210112
NPI: 1043287006

745 ROUTE 25A, SUITE A PO BOX 5499 ROCKY POINT, NY 11778 (631) 821-0200

PRACTITIONER DEA NUMBER

Patient Name Kristy Pflug Date 8/29/12

Address _____ Sex ☐ M ☐ F

City _____ State _____ Zip _____ Age _____

Rx Limitations to hours work
may not work more than
8hrs/day

secondary to medical
condition

Prescriber Signature X

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BE

REFILLS

☐ None

Refills:

PHARMACIST
TEST AREA:

Dispense As Written

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*Received 8/31/12
Dr. Pflug
Does not conform to
Requested Documentation
Submitted for review*